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AUTHOR Courtois, Christine A.: Watts, Deborah
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ABSTRACT

Recognition of the gravity of the social problem of incest in the United States, coupled with increasing demands for psychological treatment and assistance from social service agencies by incest victims and their families, has demonstrated the need for controlled research in this area. Knowledge of the effects of incest is critical to the development of appropriate and effective treatment. As part of the effort to diminish research bias and provide greater experimental rigor, a correlational study involving women who volunteered to discuss past incest experience was undertaken. Findings indicated that type and severity of reaction to incestuous involvement were idiosyncratic, i.e., dependent on the situation as experienced by the individual. Thus, the occurrence of automatic reactions to trauma-induced situations cannot be assumed. Many women described going to several therapists before finding one who would believe them, which may be related to the finding that women who sought therapy suffered more severe effects in several life spheres than those who did not seek therapy. (Author/CS)

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WOMEN WHO EXPERIENCED CHILDHOOD INCEST:*
RESEARCH FINDINGS AND THERAPEUTIC STRATEGIES

CHRISTINE A. COURTOIS

University of Maryland

DEBORAH WATTS

Indiana State University

Paper presented at the annual meeting of the American Psychological Association, Montreal, Canada, 1980

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Women Who Experienced Childhood Incest: Research Findings and Therapeutic Strategies

Incest, intrafamily sexual abuse or assault, has been found to be a grave and not uncommon social problem in the United States during the 1970s. Recognition of this fact coupled with increased demands for psychological treatment and assistance from social service agencies by incest victims and their families has demonstrated the need for more research in this area. Greater knowledge of incestuous involvement, its development and effects is critical to the development of appropriate and effective treatment methodologies.

Incest has long been of interest to psychologists and psychiatrists, interest which was most certainly encouraged by Freud's theories. An extensive body of psychological literature is available on incest. Although valuable information has been gathered and conveyed from this literature, much of it has suffered from serious methodological flaws and biases.

The need clearly exists for more controlled study of incest. Research that is designed to provide more control will hopefully provide more accurate information which in turn can be used to develop effective treatment and social policy. The nature of incestuous behavior and the taboos surrounding it make controlled study difficult; nevertheless, new research methodologies are under study which are designed to lessen or change sources of bias and to provide more experimental rigor.

Method

The study being presented is one such study. This investigation was designed to meet three objectives: 1) To gather a sample of female victims

who would volunteer to discuss their incest experience and to learn about the incest experience directly from them; 2) To test whether this sample of volunteers would be more diverse demographically and in terms of the incest experience than samples collected with a more traditional methodology. Benward and Densen-Gerber, 1975; Herman and Hirschman, 1977; and Tormes, 1968 were selected for comparison; all three met the criteria of having been collected with more traditional methods and they reported data which allowed for easy comparison; and 3) To assess the short- and long-term severity of impact of the incest on a variety of life spheres and to test their relation to variables of the incest experience. The life spheres are: social, emotional/psychological, familial, physical, sexual, self-concept, relation to men and relation to women. The variables are duration of contact, frequency of contact, use of force, undisclosed incest, disclosed incest when no assistance is offered, passive submission of the victim, age at onset and therapy involvement.

Subjects

Women eighteen years or older who experienced incest[1] as children or adolescents and who volunteered to discuss their experience constituted the subject pool. To date, fifty women have volunteered, thirty in the original study conducted in 1978 (Courtois, 1979a; 1979b) and twenty in the replication study.

Procedure

The first study was conducted in the Washington, D.C.-Baltimore, Maryland metropolitan areas, the second in 1980 in Cleveland, Ohio.

Potential subjects were contacted by means of public advertising in newspapers and magazines and by means of flyers and letters distributed through mental health facilities and personnel. Interested women volunteered by contacting the researcher (Courtois) who explained what participation involved and who assessed whether the sexual experience in question met the definition of incest used for this study.

Data were collected by means of a structured face to face interview. The interview was developed by the researcher to gather data about the subject and her incestuous experience including its antecedent conditions and aftereffects. Most data was descriptive in response to open-ended questions. Severity of aftereffects was rated on a five-point Likert-like scale (1.0 = no effect; 2.0, limited effect, 3.0 moderate, 4.0, marked effect and 5.0, severe effect). Interviews were conducted by female counseling psychology graduate students (D.C.-Baltimore study) and mental health professionals (Cleveland study) trained to conduct the interview procedure and to insure that standardized conditions were maintained. A written and audio record was made of each interview. Interview duration ranged from one and one half to five or six hours depending upon each subject's account.

Selected data on demographic characteristics, on variables of the incest experience and on severity ratings of aftereffects were coded for statistical testing. Statistical rather than descriptive data will be reported here.

Results

A number of statistically significant findings resulted from the analysis of the data collected on the original thirty subjects (Courtois, 1979a; 1979b). The sample was found to be significantly different from the other three samples

on many demographic characteristics. The oldest utilizing the most traditional methodology (Tormes, 1968) was the most different and the latest one most resembling the current study (Herman and Hirschman, 1977) the least different as would be expected. This study demonstrates that it is possible to collect new samples of the population thus expanding the scope of information on the topic. In contrast, most variables or aspects of the incest experience itself (i.e., frequency, duration) remained constant across all four samples supporting information previously reported by researchers. The most notable exceptions were that this sample reported the majority of incestuous contacts to be cross-generational rather than peer, to have involved many types of sexual activity and to have begun at an older age. The statistical comparison has not been repeated for the replication sample; however, computation of percentages for demographic characteristics and variables of the experience for both samples combined continues to show diversity (Tables 1-5). The combined sample probably continues to differ from the comparison samples.

Insert Tables 1-5 about here

The t statistic was used to test the relationship between variables and effects.[2] In the first study, severity of short- and long-term aftereffects were not found to be related in any predictable way to variables of the incest with two exceptions, age at onset and involvement in therapy. Younger age at onset was correlated with more severe aftereffects in the life spheres of self-esteem and relation to men ($p < .01$). Subjects involved in therapy for the incest were found to have more severe reactions long-term in the

following life spheres: psychological/emotional ($p < .01$), sexual, self-esteem, relation to men and relation to women ($p < .05$).

The t tests carried out on the combined sample yielded similar results with several exceptions. Significant t-test results only are reported in Table 6.[3] The variable, frequency of contact, was related to long-term sexual

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Insert Table 6 about here

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effects; those individuals for whom the contact occurred regularly rated the long-term effect as more severe. This may be because they were victimized more frequently or because, as the activity progressed, the level of sexual involvement did as well. Progression of sexual activity has been reported consistently in the literature (Armstrong, 1978).

A second significant relationship was found between the variable passive submission and long-term physical effects with those subjects judged non-submissive rating effects as more severe. These children submitted due to persuasion or duress. Their physical reactions involved disliking being held down or touched without their permission or in ways that served to remind them of the incest.

The variable age at onset was found to be significantly related to four aftereffects, sexual and familial, short-term, and familial and relation to men, long-term. Only the effect, relation to men remained constant with the previous study (Courtois, 1979a and b). It is interesting to note that for most of this sample, the incest began pre-puberty, a finding which matches those of other studies (Weber, 1977).

Children who were older when the activity began rated their immediate reaction in the area of sexuality to be more severe. Older children are probably more aware of what is happening to them. Incestuous contact post-puberty may cause great embarrassment, guilt and confusion and may retard to disturb sexual development. Younger children may not be as aware of sexuality and sexual behavior and would be less likely to suffer immediate effects in the domain of sexuality. The pre-pubertal group rated familial effects (short- and long-term) as more severe than did the post-pubertal group. Younger children are less able to defend themselves or resist advances than are older children. They may also be involved longer in the activity. Once instructed or ordered by the perpetrator not to tell, many of these children obey but, because of their secret, feel guilty and strained with other family members. Many describe themselves as feeling different or needing to keep the secret to protect family members from it.

The relation between younger age at onset and disturbed relation to men long-term is consistent with the first sample results. Younger age is related to later strained relations to men. Emotions may range from mild to very negative. Fear, dislike and distrust were the most pronounced emotions of this sample.

Involvement in therapy for the incest related significantly to relation to women, short-term, and social, psychological, sexual, self-esteem, relation to men and relation to women, all long-term. These findings replicate those of the original sample with the exception of short-term relation to women and long-term social effects. It is noteworthy that the therapy group accounted for the more severe ratings on all of these effects. Interpretation

of these findings is difficult. Did these women have more severe long-term reactions to begin with which caused them to seek therapy or did their therapy increase their awareness of the incest's effects on their lives? An examination of the individual reasons these women sought therapy revealed some had severe symptomatology and severe life disruptions traceable to the incest; however, others who had equally severe distress did not seek therapy.

It appears that subjects who were in therapy may have received assistance in labelling and analyzing their experience and reactions. Many of these women described therapy as having assisted them in acknowledging and working through their past rather than denying and repressing it. Further analysis of this variable and effects is warranted to discover more about the relationship between them.

The subjects' ratings of severity of all aftereffects, short-term, long-term and overall are presented in Table 7. It is readily apparent that subjects discriminated in their ratings by life sphere and due to the passage of time.

Insert Table 7 about here

Some effects were rated more severe immediately post-incest. Others became more or less severe as the individual aged and as the life sphere became more appropriate to the age (for example, sexual involvement). The severity of ratings deserves particular study. The ratings of the majority of these items are in the more severe direction. This sample as a group indicated their lives suffered as a result of this incest. It is unknown whether this finding is because incest generally causes severe trauma or because a more traumatized

group elected to participate. Finklehor's finding (1979) that greater age difference between partners leads to more severe reactions may offer an explanation. This sample was mainly involved with cross-generational partners. Because of this they may have been more traumatized and more motivated to participate.

This question of effects is important and warrants future research because the effects of incest have been and continue to be the subject of debate. Some writers believe incest to be generally traumatic (Butler, 1979). Others believe it to be rather benign (Bender, 1965) and even positive (Nobile, 1977) and still others believe the taboo and secrecy are trauma-inducing in and of themselves (Weber, 1977). We cannot generalize from this sample because of its non-random nature. We can only take notice that subjects discriminated in rating their reactions and, in so doing, disproved that certain reactions automatically occur. Thus, type and severity of reaction appear to be idiosyncratic. They develop based upon a subtle interplay of variables of each situation as experienced by the individual involved in it.

Discussion of Results Applied to Therapy

While these results and others like them are preliminary and non-definitive, they are useful for the therapist working with incest victims or families. Most counseling psychologists and other mental health professionals have not been prepared to work with cases of domestic assault and/or violence (Response, 1980). Nor have they been made to examine personal attitudes which, most likely, have been influenced by the incest taboo, incest mythology and Freudian theory. The counselor working with victims or families can develop a

knowledge base which contains fewer of the traditional stereotypes by studying the new literature that is now available.

This study underscores several points which are important for therapists to know. It shows that incest is "relentlessly democratic" to use Butler's phrase (Butler, 1979). It can happen to anyone. Reports should be taken seriously and at face value by the therapist. In this sample, women who sought therapy for the incest suffered more severe effects than those who did not in a number life spheres. Although a clear explanation of this phenomenon is lacking, one implication for therapists is for them to listen carefully and accept their clients' stories of incest. Many women in this sample described having to go to several therapists before they found one who would believe them.

The effects of incest are found in many life spheres and can be very profound. Few women in this sample indicated that the overall effect of the incest on their lives was minimal. Responses are unique by situation and by individual and need to be explored carefully by the therapist. It is not sufficient to predict reactions based upon the therapist's values or based solely on the variables of the incest. We have seen that some variables may be predictive of certain effects but the data is not definitive. It is advisable to base treatment on the issues raised by the nature of the experience and on the victim's unique response pattern (Burgess and Holmstrom, 1974; Courtois 1979a and 1979b; and Finklehor, 1979).

Incest victims have many reactions which mirror the rape trauma syndrome (Burgess and Holmstrom, 1974), a fact noted by Finklehor (1979). Despite this, incest cannot be viewed only as an extension or another form of rape. It is similar to rape (and often in fact is rape) in that a sexual violation

takes place. It differs from rape along other dimensions (duration and frequency of contact, progression of sexual activity and relatedness of partner). The victim's reaction may be greatly compounded by kinship, by the intrafamily nature of the situation and by the forbidden aura surrounding incest. Emotional well-being including self-concept and relations with others may be gravely effected. Therapists must assist in the acknowledgement of and working through of these issues.

Meiselman (1978) identifies as necessary the goals of catharsis, reassurance, confronting issues of responsibility, complicity and guilt and self-acceptance, goals also addressed by Forward and Buck (1978) and Giarretto (1976). These goals may be reached through a variety of counseling strategies and approaches depending on therapist orientation. Group therapy is recommended as the treatment of choice by Forward and Buck because of the potential for group support and the recognition of the commonality of the experience and of the pain. Meiselman encourages the use of self-help groups as therapy or as a therapy adjunct.

In this paper, information about women who had past incest experience from a correlational study of volunteer women was presented. Significant variables and dimensions of the experience were discussed. Implications for therapy including counselor knowledge, attitudes and strategies were presented.

Footnotes

[1]Incest is defined as any sexual activity with any related or quasi-related individual. Some of this behavior does not legally constitute incest but may be incestuous psychologically.

[2]For analysis using the *t* statistic, each of the eight variables was divided into two categories, each subject being grouped into one depending upon the particulars of her experience. For example, for the variable duration, the two categories were short-term (6 months' duration or less) and long-term (six months or more). A subject whose incest was of several years' duration was then classified as long-term and one whose incest was two-months', short-term.

[3]Thirteen of the 136 *t* tests were significant with another eight approaching significance. According to tables provided in Sakoda, Cohen and Ball (1954), it is not probable that obtaining 13 significant results out of 136 tests was due to chance alone.

Table 1

Demographic Characteristics of the Fifty Women in the Sample, In Percentages*

Characteristic		Characteristic	
Age of Subject at Time of Interview (years):		**Race:**	
18-20	8	Black/Afro American	14
21-30	48	Caucasian	80
31-40	36	Asian American	2
41-50	8	Spanish American	2
		American Indian	2
Religious Upbringing:		**Current Religious Preference:**	
Protestant	42	Protestant	18
Catholic	36	Catholic	18
Jewish	8	Jewish	4
Mixed	6	Mixed	--
Other	2	Other	6
None	6	None	54
Marital Status:		**Marital History:**	
Single (never married)	40	Never married	44
Separated	2	Married once and still together	18
Divorced	18	Married once and divorced	18
Married	30	Married twice and still in second marriage	10
Widowed	4		
Living with a man (intimate relationship)	4	Married twice and separated from second spouse	4
Living with a woman (intimate relationship)	2	Married and divorced twice	6
Parental status:		**Educational Level Completed:**	
No children	54	High school not completed	12
Pregnant with first child	2	High school	8
One child	8	1-2 years of college	38
Two or three children	34	College	20
Four or five children	2	Advanced college degree	22

Table 1 (Continued)

Current Occupational Category:			
Unskilled	14	Houseworker	10
Semi-skilled	12	Blue collar	3
Clerical	4	White collar	30
Skilled	14	Professional	18
Professional	22	Student	22
Other	16	Other	2
Unemployed	18	Not employed	10
Income Level Alone:		**Income Level--With Spouse or Partner**	
0-$5,000	48	0-$5,000	4
5-$10,000	20	5-$10,000	6
10-$15,000	20	10-$15,000	8
15-$20,000	6	15-$20,000	10
$20-$30,000	6	20-$30,000	10
		$30,000+	8
		No spouse or partner	52
		No information	2
Ordinal Position of Child in Her Family:			
Oldest child	52		
Middle child preceded by by males only	12		
Middle child preceded by females only	6		
Middle child preceded by both sexes	8		
Youngest child	14		
Only child	6		
Unknown	2		

*Note: For this table and all that follow, computer rounding accounts for total percentages ± 100.

Table 2

Variables of the Incest Situation, In Percentages

Sexual Activities Engaged In:		Duration:	
Attempted seduction	4	Single incident	12
Fondling of breasts and genitals only	14	6 months or less	16
		6 months to 1 year	2
Oral sex only	2	1-3 years	26
Intercourse only	2	4-5 years	18
Combination of the above	74	More than 5 years	16
Other	2	Unknown	8
Age of Victim at Onset (years):		**Age of Victim at Termination (years):**	
0-3	16	0-3	6
4-6	8	4-6	4
7-9	28	7-9	12
10-12	32	10-12	28
13-15	10	13-15	22
16-19	6	16-19	12
		20+	10
		Unknown	6
Frequency:		**Location:**	
Once	12	Victim and perpetrator's home	56
Occasionally	18	Victim's home	14
Regularly, once a week	8	Perpetrator's home	10
Regularly, more than once a week	40	Elsewhere [not in victim or perpetrator's home(s)]	4
Regularly, but at intervals greater than a week	10	Different combinations of the above	16
Unsure	12		

Table 3

Identity of the Perpetrator, In Percentages

Identity:		Age Cohort:	
Father	42	Age peer	18
Stepfather	12	Cross generation	82
Grandfather	16		
Uncle/Step-Uncle/In-law	8		
Brother/Stepbrother/In-law	16		

Table 4

Victim's Choice of Involvement, by Percentages

Choice of Involvement:		Choice of Refusal:	
Yes	10	Yes	68
Sometimes	6	No	26
No	74	Uncertain	2
Uncertain	4	Too young to remember	4
Too young to be able to make choice	6		
Offer of Favors for Participation:		**Threats if Victim Did Not Comply:**	
Yes	30	Yes	26
No	58	No	62
Uncertain	8	Uncertain	8
Too young to remember	4	Too young to remember	4
Struggle on the Victim's Part:		**Other Behavior to Get Out of the Situation:**	
Yes	56	Yes	58
No	34	No	38
Uncertain	6	Uncertain	2
Too young to remember	4	Too young to remember	2

Table 5

Disclosure of the Incest Situation, In Percentages

Overtness of Incest:		Overt with Intervention:	
Yes	34	Yes	14
No	54	No	38
Unsure/don't know	2	Not Applicable	48
Possibly	10		

Confiding In/Disclosure to Anyone at Time of the Incest:		Confiding In/Disclosure to Anyone After the Incest:	
Yes	40	Yes	86
No	60	No	12

Subject's Participation in Therapy, In Percentages

Counseling/Therapy:		Disclosure of/Work on Disclosure of Incest in Counseling	
Yes	82	Yes	56
No	16	No	20
Unknown	2	Not applicable/unknown	24

Table 6

Significant Results of t-Tests[a] Used to Analyze the Relation Between Variables and Short- and Long-Term Effects of the Incest

Variable	Group	Effect	Mean	Standard Deviation	Standard Error	t value[b]	df	2-tail Probability
1. Frequency	1. occasional, N-16	Sexual,	4.6875	2.915	0.729	-2.15	48	0.036*
	2. regular, n-34	long-term	6.2353	2.075	0.356			
2. Passive Submission of Subject[c]	1. passive submission, n=16	Physical	2.0000	2.494	0.789	-2.18	47	0.035*
	2. no passive submission, n=39	long term	4.3846	3.217	0.515			
3. Age at Onset[c]	1. pre-puberty, n=39	Sexual,	3.7179	3.137	0.502	-2.19	47	0.033*
	2. post-puberty, n=10	short-term	6.0000	1.886	0.598			
	1. pre-puberty	Familial,	4.3846	3.066	0.491	2.17	47	0.035*
	2. post-puberty	short-term	2.0000	3.266	1.033			
	1. pre-puberty	Familial,	4.5897	2.489	0.399	2.39	47	0.021*
	2. post-puberty	long-term	2.5000	2.369	0.749			

Table 6 (Continued)

Variable	Group	Effect	Mean	Standard Deviation	Standard Error	t-value[b]	df	2-tail Probability
	1. pre-puberty	Relation to men	5.6923	2.284	0.366	2.47	47	0.017**
	2. post-puberty	long_term	3.6000	2.797	0.884			
4. Therapy for the Incest[c]	1. therapy, n=27	Relation to women	4.4074	3.016	0.580	3.03	47	0.004**
	2. no therapy, n=22	short-term	1.8636	2.800	0.597			
	1. therapy	Social	6.5185	2.064	0.397	2.93	47	0.005**
	2. no therapy	long-term	4.3182	3.168	0.675			
	1. therapy	Psychological	7.0741	1.492	0.287	3.81	47	0.000**
	2. no therapy	long-term	4.7273	2.746	0.585			
	1. therapy	Sexual,	6.5556	1.717	0.330	2.73	47	0.009**
	2. no therapy	long-term	4.7273	2.914	0.621			
	1. therapy	Self-esteem	6.5926	1.647	0.317	2.47	47	0.017**
	2. no therapy	long-term	4.9545	2.935	0.626			
	1. therapy	Relation to men,	6.0000	2.370	0.456	2.06	47	0.045*
	2. no therapy	long-term	4.5455	2.558	0.545			
	1. therapy	Relation to women,	4.0741	2.688	0.517	3.77	47	0.000**
	2. no therapy	long-term	1.3636	2.258	0.481			

Table 6 (Continued)

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[a]Likert-type scores of the severity of aftereffects were converted to numerical codes for computer analyzis (1.0=0; 1.5=1; 2.0=2; 2.5=3; 3.0=4; 3.5=5; 4.0=6; 4.5=7; 5.088). Mean scores reported in this table are derived from the codes and not from the raw scores.

[b]All t scores reported here are based on pooled variance estimates. Inspection of the data showed variance to be within a reasonable range of from one to one and one half standard deviations justifying the assumption of equal variance.

[c]Only 49 subjects are included in these groups because the experience of the 50th subject did not fit either category.

* $p \leq .05$

** $p \leq .01$

Table 7

Subject's Ratings of Severity of Short-term Aftereffects, In Percentages

Rating Scale	Social	Psychological	Physical	Sexual	Familial	Sense of Self	Relation to Men	Relation to Women
1.0 no effect	14	--	40	26	32	4	14	32
1.5	4	--	--	--	--	--	--	2
2.0 limited effect	6	4	8	8	2	4	18	16
2.5	--	--	--	--	--	2	--	2
3.0 moderate effect	10	14	10	16	8	12	14	8
3.5	4	2	4	2	2	2	--	--
4.0 marked effect	30	30	14	24	30	14	20	18
4.5	2	6	4	--	4	2	2	--
5.0 severe effect	30	42	20	22	16	56	30	18
Omit*	--	2	--	2	6	4	2	4

Table 7

Subject's Ratings of Severity of Long-term Aftereffects, In Percentages

Rating Scale	Social	Psychological	Physical	Sexual	Familial	Sense of Self	Relation to Men	Relation to Women	Overall Effect of Incest
1.0 no effect	10	4	32	8	12	6	6	34	2
1.5	2	2	--	--	--	--	--	--	2
1.0 limited effect	6	10	10	4	12	6	8	22	4
2.5	--	--	--	2	--	--	--	--	--
2.0 moderate effect	10	8	14	6	28	8	16	14	4
3.5	2	--	--	--	2	2	2	--	8
4.0 marked effect	24	26	18	42	26	38	34	18	18
4.5	2	4	6	4	2	--	2	--	4
5.0 severe effect	42	46	20	32	12	38	29	10	56
Omit*	2	--	--	2	6	2	4	2	2

*Note: Omit refers to items not rated by a subject.

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